

Urology Clinic Adopts Aggressive Prostate Cancer Screening Program

HOUSTON, TX - Prostate cancer is the most commonly diagnosed cancer in men at the Michael E. DeBakey VA Medical Center (MEDVAMC). The MEDVAMC treats more patients for prostate cancer than any other facility in the South Central VA Health Care Network. More than 30 outpatient cystoscopic procedures and 10 transrectal ultrasound-guided prostate needle biopsies are performed each week.

The good news is that over the past 20 years, the survival rate for prostate cancer has increased from 67 percent to 97 percent. In the effort to fight prostate cancer, health care providers in the MEDVAMC Urology Outpatient Clinic have adopted an aggressive prostate cancer screening program.

All men over the age of 50 receive a yearly digital rectal exam (DRE) and a prostate specific antigen (PSA) examination. The DRE is where a doctor feels the prostate through the rectum to find hard or lumpy areas and the PSA test is a blood test that measures the PSA enzyme.

Men at exceptionally high risk, specifically African-American men and men with a strong family history of prostate cancer, are screened beginning at age 40. A man's risk for developing prostate cancer is higher if his father or brother has had the disease. In addition, all men treated at the MEDVAMC receive yearly urinalysis screens for bladder cancer.

The Urology Outpatient Clinic, staffed with specialists affiliated with the Baylor College of Medicine, participates in several clinical trials including gene therapy and intravesical therapy for bladder cancer, immunotherapy for renal cell cancer, and gene therapy for prostate cancer. The staff is also actively involved in both resident and medical student education. ■ **Ronald Morton, M.D., former chief, MEDVAMC Urology Section**

A sense of pride and honor compelled these veterans to hold a special flag ceremony . . .

Vietnam Veterans at Houston VA Show Their Support for Combat Troops

HOUSTON, TX - A special flag ceremony has helped a group of Vietnam veterans cope with their memories and at the same time, demonstrate their support for our nation's combat soldiers serving overseas.

At the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC), a group of Vietnam veterans have formed an alumni group through the facility's Trauma Recovery Program (TRP). The TRP is designed to provide comprehensive treatment to veterans with a diagnosis of Post Traumatic Stress Disorder (PTSD) or a related disorder.

When the war in Iraq began, these veterans came together to share their concerns and feelings for the young men and women now serving our country overseas.

Veteran Billy Lockett was especially concerned because his son was stationed in Iraq. As he shared his feelings and those of his son with the group, a sense of pride and honor filled the room as each

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When the war in Iraq began, veterans in the MEDVAMC Trauma Recovery Program came together to share their concerns and feelings for the young men and women now serving our country overseas. Army veteran Billy Lockett was especially concerned about his son who was stationed in Iraq. Recently returned, Army Specialist Shawn Lockett (above right) stopped by the MEDVAMC with his father.

New VA outpatient clinics in the vicinities of Galveston, Conroe, Tomball, Katy, Richmond, and Lake Jackson . . .

VA Plans to Open New Clinics in Houston Area

HOUSTON, TX - Secretary of Veterans Affairs Anthony J. Principi announced in early May the details of a comprehensive plan to modernize the Department of Veterans Affairs (VA) health care system. The plan includes new hospitals in Orlando and Las Vegas, 156 new community clinics, four new spinal cord injury centers, two blind rehabilitation centers, and expanded mental health outpatient services nationwide.

In the Houston area, the plan includes new outpatient clinics in the vicinities of Galveston in 2004, Conroe in 2005, Tomball in 2006, Katy in 2007, Richmond in 2008, and Lake Jackson in 2009. These clinics are expected to provide primary care, pharmacy, laboratory, radiology, physical therapy, mental health, podiatry, and nutrition services.

"This plan will greatly expand the VA's capacity for outpatient care in southeast Texas and bring medical care closer to where our veterans live," said

Edgar L. Tucker, director, Michael E. DeBakey VA Medical Center (MEDVAMC).

In fiscal year 2003, the MEDVAMC in Houston served 103,025 enrolled veterans. There were 557,360 outpatient visits at the Houston facility, 49,389 outpatient visits at the Beaumont Outpatient Clinic, and 44,454 outpatient visits at the Lufkin Outpatient Clinic. During the same timeframe, 10,744 veterans were admitted as inpatients and 265 veterans were admitted to the Transitional Care Center.

During his announcement, Secretary Principi noted that about 80 percent of the health care provided nationwide by VA is outpatient care. He said the plan would allow the Department to provide more of the outpatient care veterans want and use, while building upon VA's expertise in providing highly specialized inpatient care.

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Special Note:
Remember Valet Parking
at the MEDVAMC is
FREE for veterans
showing their VA I.D.
No Tipping Necessary
or Allowed!

Innovative Plan to Attract and Retain Essential Nursing Staff

HOUSTON, TX - It is a recognized fact that availability of nursing staff has a significant and critical impact on patient care outcomes, especially in an inpatient setting. With many VA nurses approaching retirement age, the Michael E. DeBakey VA Medical Center (MEDVAMC) is examining ways to improve financial and professional incentives to attract and retain a qualified work force.

As the focus of health care has evolved and changed, the demand for staff in outpatient settings has increased. Many registered nurses (RNs) have transferred to these settings, leaving a large number of vacancies on inpatient units. With input from staff nurses and MEDVAMC nursing leadership, the MEDVAMC Chief Nurse Executive Deloris Leftridge developed a three-part plan to recognize and support staff RNs who have demonstrated commitment to working on inpatient units.

The first part of the plan included hiring 10 patient support clerks (PSC). These multi-skilled workers provide support on the inpatient nursing units and are responsible for such duties as escorting patients, providing clerical duties, and running errands off the unit. These tasks can sidetrack RNs and take them away from the patient bedside. The PSCs are assigned to different units each day in order for all units to benefit from their services.

The second part of the plan centered around hiring five admission nurses. On average, the MEDVAMC admits 30 to 50 patients each day. RNs are responsible for completing a lengthy, computerized nursing admission

assessment screening on each patient. The new admission nurses now assist with completing the admission screens before patients arrive on the units. Unit staff members still admit patients that the admission nurses are unable to see, but these specialty nurses have made a very noticeable and positive impact on RN workload, taking care of 50 percent of daily admissions.

Under the final part of the plan, RNs on inpatient units now receive a monetary bonus each quarter.

In addition to this three-part plan, Leftridge identified another area where nursing staff could be better used. She saw that during each tour of duty, nurses made numerous trips to the pharmacy for medications and supplies. Leftridge investigated the use of automation to relieve these long hikes and discovered robotic couriers.

These "helpmates" transport medications and supplies from the pharmacy to various nursing units within the hospital, decreasing the time-consuming errands nurses needed to run. MEDVAMC is the only hospital in the Houston area to have these robotic helpmates.

MEDVAMC nursing executives have already seen the advantages of having the robots work in the facility. The amount of time nursing staff spend away from the unit to obtain missed or discharge medications has been dramatically reduced.

The initial results of this plan have been encouraging. The RN vacancy rate at the MEDVAMC has held steady at 1.7 percent. This number is remarkable when compared to the results of the 2002 American Health Care Association



Photo by Heidi D. Cronin, Public Affairs Officer

"I feel good working for our nation's heroes. They deserve the best. I enjoy working here - I feel like the veterans, my co-workers, my supervisors are my family. Everyone is so supportive in getting things done. The Chief Nurse Executive Ms. Leftridge always has her door open to listen and solve problems," said Nursing Unit 3B Charge Nurse Irma L. Vives, RN. Vives has been a nurse on MEDVAMC inpatient units for 20 years.

Nursing Position Vacancy and Turnover Survey, which found nationwide, the vacancy rates among staff RNs averaged 15 percent.

The MEDVAMC's three-part plan to attract and retain highly skilled and essential nursing staff and the new state-

of-the-art robotic couriers all mean more efficient use of valuable nurses, better customer service to veterans, and improved patient care. ■ *Deloris W. Leftridge, RN, MSN, CNAA, Chief Nurse Executive/ Clinical Practice Office Director and Bobbi D. Gruner, BS, MSBA, Public Affairs Officer*

A Word from the Director . . .

Committed to Organizational Excellence

HOUSTON, TX - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) was delighted to demonstrate our facility's organizational excellence during two site visits in June: the Nursing Magnet Site Visit and the Robert W. Carey Organization Excellence Award Site Visit.

Awarded by the American Nursing Credentialing Center in Washington, D.C., Magnet status originated in the early 1980s following a study that revealed 14 characteristics of hospitals that successfully attracted and retained nurses. Successful nursing services became known as "Magnet" hospitals because they act like magnets, attracting highly skilled nurses. Only elite hospitals hold Magnet designation. Those hospitals are recognized as providing outstanding nursing care, nursing management, and nursing administration. As of today, there is only one VA medical center in the nation, the Tampa VAMC, which has achieved this recognition. The MEDVAMC applied for this nursing award in February 2003 and the site visit in June 2004 was the last step toward achieving this goal.

Recently, we were notified the MEDVAMC was a finalist for another national award. The Secretary of Veterans

Affairs Robert W. Carey Organization Excellence Award is an annual award sponsored by the Secretary. This Award was established to recognize organizations within the VA that have implemented quality management in an exemplary manner. The Award promotes quality management awareness and implementation throughout the VA, provides a model against which organizations can assess their quality transformation efforts and organizational effectiveness and performance in delivering service and satisfying customers, and inspires organizations and individuals to do their best to improve quality throughout the VA.

We will not know the results of either of these two reviews until August. But, we did learn quite a lot and I wanted to share a few of these insights with you.

First, the Magnet team found our nursing staff to be enthusiastic, committed, diverse, and engaged in delivering quality health care to veterans. The team members spent a great deal of time talking with staff and observing our employees in action. The Magnet team also saw and heard from MEDVAMC physicians, clinicians, and administrative staff how highly respected and involved our nurses are in all facets of our medical

center, and how they play a key role in planning and decision-making.

Without exception, the team witnessed an exceptionally high level of nursing professionalism. Top-notch nursing has always been a central pillar of MEDVAMC success and achieving Nurse Magnet Status is important because it will confirm our belief that our nurses provide the highest quality of care possible to our veterans.

In preliminary remarks, the Carey Award site team offered an assessment that confirmed that in five of the seven categories of the criteria the MEDVAMC was better and stronger than we had described in our application. I believe these findings are directly attributable to staff members across the organization who were able to demonstrate first-hand their personal and organizational commitment to excellence. In his closing, Mr. Sklar, the team leader, described the employees they met as passionate, dedicated, and committed to our mission of service to veterans.

Both teams expressed regret that time did not permit them to see all of the tremendously important efforts our staff members are launching to continuously improve care to veterans. I



Edgar L. Tucker, Medical Center Director

want to assure those staff members who were not visited that your hard work was noted and considered to be an intricate part of the fabric of the medical center.

At the core of our ability to serve veterans are the MEDVAMC employees who understand why we are here and are personally committed to excellence in achieving our mission. As we await the formal results of these two visits, we take pride in what we do and have confidence that the same enthusiasm and professionalism shown to the team are on display each day in service to America's heroes. ■

Multiple Sclerosis is a chronic disorder of the central nervous system most often affecting young adults . . .

Multiple Sclerosis Support Group Offers Hope

HOUSTON, TX - Multiple Sclerosis (MS) is a chronic disorder of the central nervous system that most often affects young adults. An estimated 400,000 Americans have MS. It generally first occurs in people between the ages of 20 and 50. It is potentially disabling and has a tremendous life-changing impact on the lives of patients and their families. However, members of a new support group at the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) see it differently.

"This is not a disease, it's an inconvenience" said Bob Redmon, a MS support group participant during a recent meeting.

Veterans and non-veterans in the room nodded in agreement. Each patient's prognosis is different and uncertain. Though treatment methods have greatly improved and now focus on prevention, symptom management, wellness, and empowerment, there is no known cure for MS.

The MEDVAMC MS Support Group was launched in January 2004 in partnership with the Multiple Sclerosis Society. This self-help group promotes education, information, and sharing of ideas for living successfully with MS and maintaining quality of life.

Group facilitators, Lisa Whipple, L.C.S.W. and Fe Funtanilla, R.N. work with the group members and encourage them to actively pursue a better quality of life.

The participants at the meeting all say they attend because they want to know as much as possible about MS. Each participant is in a different phase of MS, but they draw support and encouragement from each other.

"These meetings give me an opportunity to meet other veterans in my age group with MS," said veteran Pete Westerfield.

Whipple and Funtanilla are very proud of this group and its members. The members have taken ownership of this support group by reaching out to each other and other MS sufferers.

"The participants exemplify the courage it takes to live with this disease. The camaraderie and the support that each gives is heartwarming," said Whipple.

"They [the meetings] also give us a chance to visit and share how MS affects the major parts of our lives and gives us a positive outlook for the future," said one spouse.

"It is not just an individual disease but also rather a family disease. As a



Veteran Hector Marin (above left) joins Multiple Sclerosis Support Group Facilitator Fe Funtanilla, RN, and fellow MS Support Group member, Bob Redmon, at a recent meeting of the new MS Support Group at the Michael E. DeBakey VA Medical Center. "This is not a disease, it's an inconvenience" said Redmon. This self-help group promotes education, information, and sharing of ideas for living successfully with MS and maintaining quality of life.

retired Marine who has served in combat, I thought I was prepared for anything in life, and then the diagnosis of multiple sclerosis," said veteran Hector Marin. "This support group gives me permission to have and to voice my feelings of frustration, anger and hope. I come to get strength both mentally and emotionally. The facilitators open doors, give hope, and inspire all of us."

The MEDVAMC MS Support

Group meets the second Wednesday of each month, 2 – 3:30 p.m. in the dining room on Nursing Unit 2A.

The goal of the support group is to provide information about the disease and how to learn to live successfully with it. The facilitators also hope to enhance each member's quality of life. The self-help group is free and open to veterans and the public. ■ Frances M. Burke, MEDVAMC Public Affairs Specialist

Facts About Plastic Reconstructive Surgery at the VA

HOUSTON, TX - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) Plastic Reconstructive Surgery Section performs reconstructive surgeries in order to meet the physical and mental health needs of our veterans.

Plastic surgery does not mean cosmetic

surgery. Procedures performed by the Plastic Surgery Section are performed for medical problems, functionality, or the mental well being of a patient. Reconstructive procedures correct defects on the face or body. These include traumatic injuries like those from car accidents or burns or the aftermath

of disease like rebuilding a woman's breast after surgery for breast cancer.

The MEDVAMC strictly follows the Veterans Health Administration (VHA) policy that plastic reconstructive surgery is only performed for the purpose of improving patients' physical or mental health. Under no circumstances will such surgery be undertaken exclusively for cosmetic purposes.

Plastic reconstructive surgery consists of those surgical procedures performed for the revision of external bodily structures which deviate from the normal either from congenital or acquired causes.

"In one case, our reconstructive surgeons removed 80 pounds of excessive skin due to extreme weight loss. This patient was unable to walk or move around," said David Netscher, M.D., MEDVAMC plastic surgery chief. "Another recent patient had eyelid surgery because the skin above his eye was drooping down, obscuring his vision."

Patients seen by the MEDVAMC Plastic Surgery Section often go through rigid and often lengthy psychiatric screenings prior to approval of a surgical procedure. The MEDVAMC has outstanding, board-certified psychiatrists on staff to ensure patients are not manipulating the process. In addition, the surgical attending physician reviews all cases and the Operative Care Line Executive reviews cases to ensure compliance with the VHA policy. Patients are not approved just because they want a specific procedure.



Reconstructive procedures correct defects on the face or body. These include traumatic injuries like those from car accidents or burns, or the aftermath of disease like rebuilding a woman's breast after surgery for breast cancer. David Netscher, M.D., MEDVAMC plastic surgery chief (above left) recalls one case, "Our reconstructive surgeons rebuilt a veteran's face and jaw after a gunshot accident. Without this surgery, he would not have been able to live a normal life."

LOPC employees provide veteran benefit information, answer questions, process applications for VA health care benefits, and ensure veterans receive timely health care . . .

6 Ways Lufkin VA Outpatient Clinic Paves the Way for Veterans

LUFKIN, TX - The Health Administration Service (HAS) at the Lufkin VA Outpatient Clinic (LOPC) takes a team approach in assisting veterans. HAS employees provide veteran benefit information, answer questions, process applications for VA health care benefits, and ensure veterans receive timely health care.

In the last year, HAS processed over 6,000 applications for enrollment at the LOPC facility for primary care and mental health services. Below are six ways the LOPC HAS staff can assist veterans living in the Lufkin area.

Eligibility

HAS helps veterans determine their eligibility for benefits, understand the application process, and complete necessary forms. Call the LOPC HAS at (936) 633-2710 for more information or visit the VA Web site at www.va.gov. This site contains information concerning online applications for compensation and pension, vocational rehabilitation and employment services, and special programs for accessibility, homeless veterans, minority, and women veterans. Contact the VA Regional Office in Houston at (713) 794-3678 or toll-free

1-800-827-1000 about the status of claims for benefits, VA loans, life insurance, etc.

Privacy of your Health Information

HAS ensures veteran health information disclosures are not made without prior written authorization. Veterans also have the right to review their health information and obtain copies. For more information about privacy rights, contact the LOPC Privacy Officer at (936) 633-2710.

Enroll for Health Benefits

Benefits for veterans are continuously changing and the LOPC recognizes the importance of sharing updated information with veterans. HAS provides brochures, flyers, Web sites, and handbooks on veteran and dependent benefits.

HAS is the office to visit to enroll for VA health care. The Form 10-10EZ, "Application for Health Benefits" can be submitted in person or online.

For more information on eligibility and how to apply, contact a LOPC eligibility clerk at (936) 633-2740 or call the VA Health Benefits Service Center toll free at 1-877-222-8387 (VETS).



The Lufkin VA Outpatient Clinic Health Administration Service includes (back row left to right) Richard Griffin, Catherine Tucker, Millie Donaldson, Nancy Smith, Cheryl Spruill, Joyce Stewart, Leroy Wilson, and Jeff Davis; (front row, left to right) Mary Amerson, Kathleen Jumper, Jo Frances Blanton, and Betty Ulicnik; and (not pictured) Linda Roach.

Scheduling

Once HAS has enrolled a veteran into the VA health care system, the veteran is assigned to a primary care team. Primary care means each veteran has his or her own health care provider and nurse to coordinate all necessary medical care. In addition to primary care, the LOPC clinic has mental health, social work, nutrition, laboratory, radiology, nursing, and pharmacy services. HAS schedules all health care appointments and, as an added convenience, can verify the date, time, and location of LOPC and Michael E. DeBakey VA Medical Center (MEDVAMC) appointments.

If you do not have an appointment, please call the scheduling clerk first to avoid unnecessary wait times. Call the

LOPC scheduling desk at (936) 633-2758 or toll free 1-800-209-3120 to schedule or reschedule appointments.

Co-payments

HAS is the office responsible for processing medical and pharmacy co-payments. Employees will verify co-payment balances and provide reimbursement for authorized travel. Co-payments are determined by a veteran's priority group. Contact the LOPC Teller at (936) 633-2718 for information concerning account information.

Prosthetics

HAS orders and issues prosthetic items requested by VA primary care providers. The office will also schedule appointments for education on proper use of some prosthetic items.

Veterans are encouraged to provide updated telephone numbers, addresses, and insurance information to the clinic clerk during each visit. This assists the HAS when it is necessary to contact local private hospitals when medical emergency treatment is covered under the non-VA emergency care benefits now offered to veterans.

To qualify for this benefit, the following criteria must be met:

- ✓ You are enrolled in the VA Health Care System;
- ✓ You have been provided care by a VA clinician or provider within the last 24 months;
- ✓ You were provided care in a hospital emergency department;
- ✓ You have no other form of health insurance;
- ✓ You do not have coverage under Medicare, Medicaid, or a state program;
- ✓ You do not have coverage under any other VA programs; and
- ✓ Department of Veterans Affairs or other Federal facilities are not feasibly available at time of emergency event.

The LOPC HAS strives to share veteran benefits information, process veteran applications for VA health care benefits, and make it as easy as possible for veterans to receive the care they need.

■ Catherine Tucker, Medical Administrative Officer, LOPC

Support Group Information at the Michael E. DeBakey VA Medical Center

We are Here to Help . . .

MS Self-Help Group

The group meets the second Wednesday of every month, 2 - 3:30 p.m. in Nursing Unit (NU) 2A Dining Room. Group facilitators: Lisa Whipple, LCSW and Fe Runtanilla, RN, (713) 794-7951

Cancer Support Group

The group meets the first Tuesday of every month, 1-2 p.m. in Nursing Unit (NU) 4D Dayroom. Group facilitators: Maria Lozano-Vasquez, MSW, (713) 791-1414, ext. 5273 and Chaplain Douglas Ensminger, D.Min., (713) 791-1414, ext. 5273

Alcoholics Anonymous (AA)

This group meets every Wednesday, 7 p.m., Room 6C-110. Group facilitator: Billy M. (Bo) Cook, (713) 791-1414, ext. 6987

Pain Support Group

The group meets every Wednesday, 2 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

Pain Education Group

The group meets every Wednesday, 1 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

Pain Coping Skills Group

The group meets every Thursday, 1 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

Pain Management for Women

This group meets every Thursday, 2 p.m. in Room 5B-224. Group facilitator: Gabriel Tan, PhD., (713) 794-8794

Lufkin Hypertension Classes

The class meets the first Thursday of every month, 2 p.m. Ask your nurse or your primary care provider, or stop by the front desk at the Lufkin Outpatient Clinic to register for this class.

Better Breather's Club

The group meets the last Wednesday of every month, 1:30 p.m. in Room 3C-371, Home Oxygen Clinic. Group facilitator: Paula Denman, (713) 794-8979

Amputee Support Group

The group meets the first and third Thursday of every month, 3 p.m. in the NU 2A Dining Room. Group facilitators: Betty Baer and Roger McDonald, (713) 791-1414, ext. 4193

Prostate Cancer Support Group

The group meets the third Thursday of every month, 2 p.m. in Room 4C-122. Group facilitators: Lillie Sonnier, (713) 794-7111 and Linda Avery, (713) 791-1414, ext. 6183

Stroke Support Group

The group meets the second and fourth Thursday of every month, 3 p.m. in the NU 2A Dining Room. Group facilitators: Laura Lawhon and Tommie Gonzalez, (713) 791-1414, ext. 4241/5254

Hepatitis C Support Group

The group meets the first Friday of every month, 1:30 p.m. in Primecare Clinic 4 (NASA) Room 1A-442. Group facilitators: Collene Gasca and Delores Vanterpool, (713) 791-1414, ext. 3656

HIV Support/Educational Group

The group meets every Tuesday, 2 p.m. in Clinic 4, Room 1A-442. Group facilitator: Susan Sievers, (713) 791-1414, ext. 6183 or 5292

Renal Support Group

This group meets the first Tuesday of every month, 9 a.m. in Room 2A-312. Group facilitator: Amber Lowe, (713) 791-1414, ext. 4834

Sunscreen: How To Select, Apply, and Use It Correctly

When To Apply Sunscreen

- ✓Apply sunscreen approximately 30 minutes before being in the sun so that it can be absorbed and less likely to wash off if you perspire.
- ✓Remember to reapply sunscreen after swimming or strenuous exercise.
- ✓Apply sunscreen often if you work outdoors.

How To Apply Sunscreen

- ✓Shake well before use to mix particles.
- ✓Be sure to apply enough. Use an ounce (a handful) to cover your entire body.
- ✓Use on all parts of your skin exposed to the sun including your ears, back, shoulders, and the back of the knees and legs.
- ✓Apply thickly and thoroughly.
- ✓Be careful when applying sunscreen around the eyes.

What To Look for When You Buy Sunscreen

- ✓Pick a sunscreen that protects against UVA and UVB rays and has a sun protection factor (SPF) of at least 15.
- ✓Look for a waterproof brand if you will be sweating or swimming. Buy a non-stinging product or one specifically formulated for your face.
- ✓Try a sunscreen with different chemicals if your skin reacts badly to the one that you are using. Not all sunscreens have the same ingredients.
- ✓Be aware that more expensive does not mean better.
- ✓Be aware of the expiration date because some sunscreen ingredients might degrade over time.

From the Centers for Disease Control and Jeff Triebel, MEDVAMC Safety Manager

The key to a healthy diet is moderation and a good balance of food groups . . .

The Skinny on Sugar Substitutes

HOUSTON, TX - Driven by public demand, food scientists have developed, researched, and produced no-calorie sugar substitutes such as Equal, Sweet'N Low, and Splenda. A common consumer concern is the safety of these no-calorie sugar substitutes. There is fear they may cause cancer, promote weight gain, be dangerous for children or pregnant women, and that they may affect blood sugar levels in diabetic persons.

So what is the difference between these no-calorie sweeteners?

Aspartame, sold under the name Equal, is 160 to 220 times sweeter than sugar. It was approved in 1981 for use in certain products including gum, cereal, pudding, and tabletop sweetener. In 1996, it was approved for use in all foods and beverages. Products with Aspartame are labeled with "This product contains phenylalanine."

Saccharin, sold under the name Sweet N' Low, is 200 to 700 times sweeter than sugar. It is the highest intensity sweetener in the world. In 1982, scientists determined it caused cancer in rats and warning labels were required on products containing Saccharin. In 2001, additional research determined the warnings were unfounded and labels no longer were required. Saccharin is approved for consumption in over 100 countries.

Sucralose, sold under the name Splenda, is 600 times sweeter than sugar. It was approved in 1989 for use in certain products, and in 1999, for use in all foods and beverages.

The truth is no-calorie sweeteners provide sweet taste without increasing energy intake. They take zero calories per gram to sweeten, and used in moderation, will add no energy to the diet and will not affect blood sugar levels.

The American Dietetic Association (ADA) says the use of sugar substitutes can promote enjoyment of eating, good nutrition, health, and are safe when incorporated into a well-balanced diet.



MEDVAMC Dietetic Intern Lindsay Axt discusses the wide variety of available sugar substitutes with veteran Ray Martin. The use of sugar substitutes can promote enjoyment of eating, good nutrition, health, and are safe when incorporated into a well-balanced diet.

Sugar substitutes are considered a type of food additive, and the Food and Drug Administration (FDA) must approve the safety of food additives prior to their becoming available for use by the public. Further, the ADA, the World Health Organization, the American Cancer Society, the American Medical Association, and the American Diabetes Association all approve the safety of the following sugar substitutes: sucralose, aspartame, saccharin, neotame, and acesulfame-K.

The FDA has also developed Adequate Daily Intakes (ADI), which establishes levels that people can safely consume. ADI varies by product and by individual body weight. One would need

to consume extreme levels of the sugar substitutes to exceed the recommended standards. For example, a 150-pound individual would need to consume either 85 packets of Equal or 18 12 oz. Diet Cokes in a day to reach the safety limit for aspartame. A 40-pound child would need to consume 22 packets of Equal or five 12 oz. Diet Cokes in a day to reach the maximum safety limit. For more information, talk to your MEDVAMC health care provider or dietitian.

For more information on sugar substitutes, visit www.caloriecontrol.com. Always remember, the key to a healthy diet is moderation and a good balance of food groups. ■ *Lindsay Axt, MEDVAMC Dietetic Intern*

Free Shuttle between MEDVAMC and the DeGeorge

HOUSTON, TX - The Michael E. DeBakey VA Medical Center (MEDVAMC) Health Care for Homeless Veterans Program (HCHV) operates a free shuttle between the MEDVAMC and the DeGeorge at Union Station.

The DeGeorge Project is a supportive housing project for homeless veterans made possible through cooperative efforts of the Housing Corp. of Greater Houston, the U.S. Veterans Initiative, the MEDVAMC HCHV, and the VA's Homeless Grant and Per Diem Program.

The DeGeorge Project also has an HCHV Drop-In Center officially called the John P. McGovern Health Care Center for Veterans. This center is staffed by HCHV clinicians and is the starting point for any homeless veteran seeking assistance. It provides services ranging from accessing health care and community services, transitional housing guidance, and outreach services. Located next door is the U.S. Vets Career & Job Development Center for veterans seeking employment assistance.

The DeGeorge Shuttle is a 10-person passenger van running Monday - Friday departing the MEDVAMC Spinal Cord Entrance at 7:30 a.m., 11:30 a.m., and 2:30 p.m. and the DeGeorge at 8 a.m., 12 p.m., and 3 p.m. For more information, call the HCHV at (713) 794-7533 or (713) 794-7848. ■

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MEDVAMC was one of the top five VA recruiting sites in the U.S.

Houston VA Contributes to Pace-Setting Recruitment Effort in Prostate Cancer Prevention Study

HOUSTON, TX - The Michael E. DeBakey VA Medical Center (MEDVAMC) has helped to set a new pace for recruitment to clinical trials. In less than three years, the MEDVAMC and 428 other sites have enrolled 32,400 men for the largest-ever prostate cancer prevention trial. The MEDVAMC is one of the top five VA recruiting sites in the United States.

SELECT (Selenium and Vitamin E Cancer Prevention Trial), sponsored by the National Cancer Institute (NCI) and conducted by a network of researchers coordinated by the Southwest Oncology Group (SWOG), began enrolling participants on August 22, 2001. It was expected that recruitment of the men needed for the study would take five years. However, enrollment went so quickly that the last day for acceptance into the trial was May 26, 2004.

"Reaching this huge recruitment goal so quickly is remarkable," said Charles A. Coltman, Jr., M.D., chairman of SWOG. "This accomplishment is a

tribute to the men who have volunteered to participate in SELECT and all the people involved in the study at each site."

Previous research into the effects of vitamin E and selenium, in studies focused on other kinds of cancer, suggested that these nutrients might help prevent prostate cancer.

"SELECT is focused on prostate cancer and when the study is finished, we will have a good idea whether these supplements help to prevent the disease," said MEDVAMC Principal Investigator Terry Hayes, MD, PhD, a staff physician in the MEDVAMC Hematology-Oncology Section. "We are pleased that so many men have come to our VA to participate in this historic trial."

SELECT is the first study designed to look specifically at the effects of vitamin E and selenium, both separately and together, in preventing prostate cancer. Selenium and vitamin E are naturally occurring antioxidants. They are capable of neutralizing molecules known as "free radicals" that might otherwise



Prostate cancer survivor and former WWII Prisoner of War Benjamin Muller discusses prostate cancer with Lisa Jean Cole, PA-C, MEDVAMC physician assistant, during a follow-up appointment. Muller encourages all veterans to be screened for prostate cancer and to talk openly with their MEDVAMC primary care provider about the disease. Prostate cancer kills 30,000 men each year and is the second leading cause of cancer death in the U.S.

damage the genetic material of cells and possibly lead to cancer. These nutrients were chosen for study because of the results of two other large cancer prevention trials. While the earlier studies

indicated these antioxidants may be beneficial, it was necessary to look at them directly to get accurate data.

In a study of selenium to prevent nonmelanoma skin cancer in 1,000 men and women reported in 1996, investigators found that while the supplement did not reduce skin cancer, it did decrease the incidence of prostate cancer in men by more than 60 percent.

Another trial, published in 1998, in which beta carotene and vitamin E were tested to prevent lung cancer in 29,000 Finnish men who smoked, those who took vitamin E had 32 percent less prostate cancer. However, neither beta carotene nor vitamin E prevented lung cancer.

"SELECT is far from over," said Leslie Ford, MD, associate director for clinical research in NCI's Division of Cancer Prevention. "We appreciate the dedication of the men participating who will continue in the study for several more years in order for us to get the true answers about the benefits and risks of selenium and vitamin E."

Although no more men will be recruited for SELECT, those already involved in the study will continue to visit a study center once every six months, for a total of at least seven years. Upon enrollment, each man was assigned by chance to one of four groups. One group is taking 200 micrograms of selenium daily plus an inactive capsule, or placebo, that looks like vitamin E. Another group is taking 400 milligrams of vitamin E daily along with a placebo that looks like selenium. A third group is taking both selenium and vitamin E. A final group is taking two placebos.

"The 32,400 men participating in this study for the next few years will help contribute to learning ways to prevent prostate cancer in future generations," said Hayes.

In 2004, an estimated 230,110 men will be diagnosed with prostate cancer and about 29,900 will die of the disease. Prostate cancer is the most common form of cancer, after skin cancer, in men. ■

Tyler County veterans now have free transportation to medical appointments at the Houston VA . . .

Patient Van Donated to VA Medical Center

HOUSTON, TX - On May 15, 2004, members of the T.L.L. Temple Foundation and Tyler County donated a patient transportation van to the Michael E. DeBakey VA Medical Center (MEDVAMC).

In 2002, Tyler County recognized that sick and disabled veterans in the area needed transportation to their medical appointments at the MEDVAMC in Houston. The Tyler County Commissioners Court, consisting of County Judge Jerome Owens, Commissioner C.D. Woodrume, Commissioner Jack Walston, Commissioner Joe Marshall, and Commissioner Rusty Hughes, created a panel to study the feasibility of purchasing a van for this purpose.

Tyler County Service Officer John R. Craig and his assistant Dwight (Bobbie) G. Birdwell formed a panel comprised of Past Commander James T. Hale, Commander William B. Aldredge, and Quartermaster Glen M. Johnson of the Veterans of Foreign Wars (VFW) Post 2033 plus Commander and City Judge Alva Cook and Frankie Rodgers of American Legion Post 299.

State Representative Jim Reynolds, Former County Judge Alan Sturrock, County Judge Jerome Owens, and John R. Craig spearheaded fundraising efforts for the van, receiving a considerable grant from the T. L. L. Temple Foundation. The citizens of Tyler County also generously donated to fundraising events held by the VFW for the new van.

Any Tyler County veteran with an appointment at the MEDVAMC can reserve a space on the van by contacting



From left, Michael E. DeBakey VA Medical Center Director Edgar L. Tucker accepts the keys for the new patient transportation van from Glen Johnson and William Aldredge of the Veterans of Foreign Wars and American Legion organizations in Tyler County.

Bobbie Birdwell at (409) 283-2493. Reservations are available on a first-come, first-serve basis. The van runs Monday - Friday except federal holidays, departing Woodville at 6:30 a.m.

Transportation to and from the MEDVAMC from outlying areas is available by way of vans operated by various veteran service organizations. All vans are operated as a free service for veterans. Call the telephone numbers listed at the end of this article for availability, pick-up points, and schedule information. It is a good idea to call the

day before your appointment to arrange your ride.

Lufkin Vans, (936) 633-2750
Beaumont Vans, (409) 981-8550
Bay City Van, (979) 323-9235
Cleveland Van, (281) 592-7230
El Campo Van, (979) 578-8387
Harris County Precinct #2 Van, (281) 452-6071
Willis Van, (936) 856-5224
Brazoria County Van, (979) 864-1289
Woodville Van, (409) 283-2493
Conroe Van, (936) 756-7614 ■

There are many benefits, tangible and intangible, to those who participate in clinical trials of new drugs, procedures, and therapies . . .

Staff of Parkinson's Disease Center Pressing to Improve Patient Care and Find Cure

HOUSTON, TX - The driving distance from the Michael E. DeBakey VA Medical Center (MEDVAMC) to downtown Houston is less than five miles but in this short distance, the environment noticeably changes from the white lab-coat "medical world" to the business attire of the "financial world."

Houston lawyer and United States Air Force veteran Aubrey Calvin makes this trip on a regular basis. Calvin has Parkinson's disease (PD) and is enrolled in the Parkinson's Disease Research, Education and Clinical Center (PADRECC) at the MEDVAMC.

PD is a serious health problem in the United States. The National Parkinson Foundation, Inc. estimates that up to 1.5 million Americans have the disease and approximately 50,000 new cases are diagnosed each year. VA medical centers treat at least 20,000 PD patients every year. PD, one of the more common neurological diseases, is slowly progressive and caused by degeneration of brain cells in a region of the midbrain

that produces the neurotransmitter dopamine. Symptoms include tremors, slowness of movement, stiffness of limbs, and problems with gait and balance. At present there is no cure, but treatments do exist and are available.

The VA took a major step toward improving patient care and pursuing a cure for PD by establishing six PADRECCs, one at the MEDVAMC. Each Center specializes in research, education, and clinical care for veterans with PD and related movement disorders.

In addition to conducting research on drug trials, rehabilitation, epidemiology, health services delivery, and quality of life, the Houston Center is at the leading edge of refining surgical treatments for patients in the advanced stages of PD whose symptoms no longer respond to medications. Neurosurgical procedures, such as Deep Brain Stimulation (DBS), involve implanting electrodes in the brain to relieve Parkinson's symptoms and are offered to qualified patients as part of a

multi-center study.

Calvin speaks openly about his chronic condition. "I was diagnosed about 21 years ago, at the age of 42. My first symptoms were stiffness in my right hand and changes in my handwriting," said Calvin.

Over the years, Calvin has participated as a research subject in many clinical trials testing PD medications. He believes there are many benefits, tangible and intangible, to those who participate in clinical trials of new drugs, procedures, and therapies. "I encourage all veterans with PD to give serious consideration to participating in the trials of new drugs and therapies," said Calvin.

The PADRECC is staffed with neurologists affiliated with Baylor College of Medicine and specializes in the treatment of PD and related movement disorders such as tremor and dystonia. Clinic nurses coordinate the clinical programs, drug trials, and surgical procedures and engage in related research. Support groups also meet regularly at the PADRECC. If you are

interested in joining, contact Naomi Nelson, PhD, RN at (713) 794-8938.

The best therapies for a good quality of life Calvin claims, are his wife, his two grown children, his friends, a busy career, his board leadership at the Houston Area Parkinson's Society, and his hobbies of tai chi, bay fishing, hunting, and photography. His photographs have been displayed at the Houston FotoFest 2004 and at the PADRECC Forum at the MEDVAMC in June.

"My care and the people at the PADRECC have been wonderful. I must remain active because giving up is not an option," said Calvin. The staff members of the Houston Center are certainly not giving up their goal of improving patient care and finding a cure for PD.

For more information about the PADRECC at the Michael E. DeBakey VA Medical Center or Parkinson's disease, visit www.va.gov/padrecc_houston/ or call (713) 794-7841. ■ Naomi Nelson, PhD, RN, Co-associate Director of Education, MEDVAMC PADRECC

Vietnam Veterans Show Support

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veteran remembered his own service to our country.

Another veteran, Bruce Lockett, expressed his desire to do something to let the soldiers overseas know their support and encouragement for the mission the new generation now faced. There was much discussion on how they could accomplish this as a group.

"We, as Vietnam combat veterans, wanted the active duty soldiers to know that a part of us was there with them," said Bruce. While Bruce and Billy are not related, the two veterans consider themselves brothers because of their similar experiences in Vietnam.

"It is very important to our group that these young people know that we are here, supporting, encouraging, and praying for them, from one veteran era to another," said Billy.

The MEDVAMC provides a wide range of services to help veterans better manage symptoms of PTSD. A team approach is employed at the MEDVAMC because bringing together professionals from psychiatry, nursing, social work, psychology, and other disciplines allows health care providers to better assess, plan for, and treat veterans seeking assistance from the TRP.

Using a variety of outpatient and inpatient services, TRP provides care to veterans and their family members. Outpatient services are designed to meet the needs of veterans who need some degree of psychiatric treatment, but who do not need inpatient or partial hospitalization. Outpatient services include medication clinics, process groups, education groups, and a variety of specialty groups. The outpatient program works closely with the two Veterans Outreach Centers in Houston. These centers provide individual, group

and family counseling services both during daytime and evening hours.

The TRP also offers partial hospitalization to veterans who need intensive therapy on a daily basis, but who are stable enough to return home each night.

Inpatient beds provide a safe haven to veterans in need of brief crisis-oriented interventions. Veterans may also be hospitalized so treatment staff can observe and closely supervise the effects of prescribed medications and clinical interventions.

TRP is a flexible program allowing veterans to enter the component best designed to serve their identified needs. As veterans move from one program component to another, staff can modify treatment interventions to address symptoms as they change. Patients leaving the inpatient component of the program also have opportunities to participate in partial or outpatient components. Family involvement is highly encouraged at all levels of treatment. Family education classes and a multi-family therapy group are available to address relationship issues arising from symptoms of PTSD.

Upon admission to the TRP, each patient is assigned to a treatment team consisting of a psychiatrist, psychologist, social worker, nurse, and/or physician's assistant. This team follows a veteran's progress throughout his or her enrollment in the program. This ensures the veteran always has familiar staff available who understand his or her individual treatment issues and needs. Professionals from other programs and services may also be involved in the care process.

A patient care coordinator is a veteran's personal link to the treatment staff. Upon admission, each patient is assigned a patient care coordinator who follows his or her progress throughout the program. The coordinator also assists the patient in resolving any problems he

or she might experience while enrolled in the TRP.

The TRP offers a wide variety of services to meet individual needs. Each patient in the inpatient and partial hospitalization components of the program attends a process group several times weekly. This group provides a safe, supportive environment where feelings about past and current stresses and symptoms are discussed.

Last October, Bruce and Billy's TRP group decided to perform a special flag ceremony and send the flag to Billy's son in Baghdad. They hoped the young soldier and his comrades would see the flag as a symbol of the support, love, and encouragement, not from a small group of veterans in Texas, but from fellow soldiers.

"We want them to know that we are there in spirit, in battle with them, always here to support them," said Bruce.

"The flag ceremony and all it represents is a memory that will last with us forever," said Billy. "Once a comrade, always a comrade." Billy's son received the flag in early January 2004. He wrote his dad telling him how happy, excited, and encouraged he and his fellow soldiers were to have received it. "That is something he will always treasure," said his father.

When Billy's son returns home, these Vietnam veterans have vowed to be the first to welcome him home. They want to make sure that he and the other soldiers returning home are greeted as the heroes they are, and not forgotten for the sacrifices they made for their country. ■ Frances Burke, MEDVAMC Public Affairs Specialist

Editor's Note: Billy's son, Army Specialist Shawn Lockett returned from Iraq in April and stopped by the MEDVAMC with his father.

New Clinics

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The changes are part of a comprehensive plan called CARES, short for "Capital Asset Realignment for Enhanced Services." The secretary's CARES report can be viewed in its entirety on VA's Web site at www.va.gov/CARES.

The average age of VA's 4,900 buildings is more than 50 years, and the need to reduce vacant space and unneeded buildings has been the focus of many reports by the General Accounting Office.

In July 1999, a General Accounting Office study found that VA was diverting a million dollars a day – or \$3.6 billion during a decade – from veterans' health care to maintenance on unneeded or unused facilities. This approach to facility management means the dollars once wasted on old and vacant buildings can be used to enhance services in the communities where health care is provided.

"CARES modernizes VA's 74-year old health care system," said Principi. "I want to emphasize that no veteran will lose health care as a result of CARES, nor will there be any gaps in their health care services."

The CARES plan was reviewed by an independent commission. The Commission received more than 212,000 comments, performed 81 site visits to VA and Department of Defense medical facilities, and State Veterans Homes, and held 38 public hearings and 10 formal meetings. ■

om our Veterans

Provided by the Consumer Affairs Staff
MEDVAMC Room 1B-370, (713) 794-7883

Question: Where can I get information about my late father's military career?

Answer: VA may have some records available if a decedent was a VA beneficiary. You may send identifying information to your nearest VA Regional Office. Useful information would include full name, VA file number, branch of service, service serial number, Social Security number, exact dates of birth and death, and enlistment and discharge dates. If the veteran has not been a VA beneficiary, you may call the VA Regional Office at 1-800-827-1000 to request Standard Form 180, Request Pertaining to Military Records, to file with the National Personnel Records Center, Military Personnel Records, 9700 Page Blvd., St. Louis, MO 63132.

Question: How do I get more news and information about the Michael E. DeBakey VA Medical Center and veterans' health care?

Answer: Send an email to bobbie.gruner@med.va.gov to sign up to receive news releases and information.

You can also visit www.houston.med.va.gov and click on the "In the News" symbol.

Question: What can I do to upgrade my bad conduct discharge, if possible?

Answer: Call the Veterans Benefits Administration's toll-free number at 1-800-827-1000 to request that you be sent DD Form 293. This will provide information on how to appeal your discharge status. If more than 15 years have passed since discharge, DD Form 149 should be used.

Question: My VA check is missing. It was lost or stolen. What should I do?

Answer: You should contact the VA Regional Office in writing or by telephone at (713) 794-3678 as soon as possible so that a "tracer action" may be initiated. Usually, another check cannot be issued until VA receives information from the Department of Treasury on the status of that missing check. This tracer action can take up to six weeks. To avoid lost and stolen checks,

please consider Direct Deposit/Electronic Funds Transfer (DD/EFT) as an alternative. You can speak to a local VA representative or your bank for information.

Question: I mailed my prescription refills in but have not received my medication. What should I do?

Answer: There are several steps you can take to find out the status of your prescription refills.

First, call (713) 794-7648 and follow the prompts to check the status of a refill. This will tell you if the MEDVAMC Pharmacy received and processed your mail-in request.

If after this call, you still need assistance from Pharmacy staff, dial (713) 794-7653. Staff members are available Monday - Friday, 8 a.m. - 4 p.m. An alternate telephone number is (713) 791-1414, ext. 2421.

If you can not reach the Pharmacy staff using these two numbers, call (713) 791-1414, ext. 5349 to reach the voice mail of the Outpatient Pharmacy supervisor. Leave your name, social security number, and a brief description of the problem. All calls are returned with 24 hours.

However, the best and fastest method for obtaining refills is to dial (713) 794-7648 and using your touch tone phone, enter your personal information and your prescription number. Refills using this method are processed at least two days faster than using mail.

Question: Am I eligible for medical benefits from the VA?

Answer: When a veteran calls the Eligibility Office, (713) 794-7288, at the MEDVAMC, the first question the veteran is asked is, "When were you in the military?" If the veteran enlisted after September 7, 1980, the next questions

are, "Did you complete 24 months of continuous active duty service? If not, were you discharged because of a disability or a hardship? Does your DD214 state this? What branch of service did you serve in?"

If the veteran completed 24 months of continuous active duty service and served in the regular branch of the armed forces, he or she is eligible for VA medical care.

If the veteran was in the Reserves, he or she is not eligible unless called up to active military by an executive order issued by the President of the United States and served the period of duty required on the orders.

Merchant Marines are only eligible if they served during World War II and have a copy of their DD214 showing this service.

National Guardsmen are not eligible unless they are called up to active military by an executive order issued by the President of the United States and served the period of duty required on the orders.

Once eligibility is established, veterans are advised they may apply for health care benefits in person, by mail, or on the Internet at www.va.gov.

Once the application is processed, a veteran is notified by mail and given information on his or her priority group. Priority groups distinguish between veterans with service-connected disabilities, former Prisoners of War, Purple Heart recipients, World War I veterans, veterans with disabilities associated with exposure to toxic substances, and so forth.

Priority groups also determine applicable co-payments for medical care.

After registration, veterans are assigned a primary health care provider who has responsibility for all of their health care needs.

Important VA Telephone Numbers

| | |
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| Michael E. DeBakey VA Medical Center Main Line | (713) 791-1414 |
| | or toll-free 1-800-553-2278 |
| VA Network Telecare Center | (713) 794-8985 |
| | or toll-free 1-800-639-5137 |
| Beaumont VA Outpatient Clinic | (409) 981-8550 |
| | or toll-free 1-800-833-7734 |
| Lufkin VA Outpatient Clinic | (936) 637-1342 |
| | or toll-free 1-800-209-3120 |
| Pharmacy Refills | (713) 794-7648 |
| | or toll-free 1-800-454-1062 |
| Pharmacy Helpline | (713) 794-7653 |
| Appointment Information | (713) 794-7648 |
| | or toll-free 1-800-454-1062 |
| VA Eligibility & Enrollment | (713) 794-7288 |
| Patient Education Resource Center (PERC) | (713) 794-7856 |
| VA Police | (713) 794-7106 |
| Vet Center (Post Oak Road) | (713) 682-2288 |
| Vet Center (Westheimer) | (713) 523-0884 |
| Patient Representatives | |
| Houston | (713) 794-7884 |
| Beaumont | 1-800-833-7734 |
| | extension 113 |
| Lufkin | (936) 633-2753 |
| Houston National Cemetery | (281) 447-8686 |
| VA Regional Office | |
| Main Number | 1-800-827-1000 |
| Compensation/Pension | 1-800-827-1000 |
| Home Loans | 1-888-232-2571 |
| Education | 1-888-442-4551 |
| Insurance | 1-800-669-8477 |
| Headstones and Markers | 1-800-697-6947 |

OPERATION IRAQI FREEDOM - ENDURING FREEDOM



ENDURING AND IRAQI FREEDOM VETERANS

**VA CAN PROVIDE YOU WITH HEALTH CARE AND
BENEFITS ASSISTANCE IF YOU HAVE SERVED
IN A RECENT THEATER OF COMBAT OPERATIONS.**

**If you are a recently discharged veteran with service in a theater of
combat operations, VA can provide you free medical care for two years
from your discharge from active duty for conditions
possibly related to your service, regardless of your income status.**

**If you require assistance, please contact
Fern A. Taylor,
Manager, Patient Access Center
at (713) 794-7034.**



*"To care for him who shall have borne
the battle and for his widow, and
his orphan,"*
President Abraham Lincoln